EXHIBIT A

SUMMONS Attorney(s) Callagy Law, PC **Superior Court of** Office Address 650 From Rd., Ste. 240 **New Jersey** Town, State, Zip Code Paramus, NJ 07652 Middlesex County Telephone Number 201-889-6119 Law Division Attorney(s) for Plaintiff Docket No: MID-L-2063-22 Monmouth County Pain Management Plaintiff(s) CIVIL ACTION VS. **SUMMONS** Cigna Health and Life Insurance Company, et al. Defendant(s) From The State of New Jersey To The Defendant(s) Named Above: The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense. If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment. If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.njcourts.gov/forms/10153 deptyclerklawref.pdf. 8/ Michelle Smith Clerk of the Superior Court A True Cor Attest: DATED: 08/02/2022 Name of Defendant to Be Served: Cigna Health and Life Insurance Company Address of Defendant to Be Served: 900 Cottage Grove Road Bloomfield, CT 06002

Case 3:22-cv-05443-GC-DEA Document 1-1 Filed 09/07/22

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MONMOUTH COUNTY SUPERIOR COURT PO BOX 1270

FREEHOLD NJ 07728

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (732) 358-8700 COURT HOURS 8:30 AM - 4:30 PM

DATE: JULY 29, 2022

RE: MONMOUTH COUNTY PAIN MANAGEME VS CIGNA HEALTH A

DOCKET: MON L -002063 22

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 2.

DISCOVERY IS 300 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON KATHLEEN A. SHEEDY

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 003 AT: (732) 358-8700 EXT 87871.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A
CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING.
PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE
WITH R.4:5A-2.

ATTENTION:

ATT: LORI B. SHLIONSKY CALLAGY LAW 650 FROM RD STE 565

PARAMUS NJ 07652

ECOURTS

CALLAGY LAW, P.C.

A Limited Liability Company

Lori B. Shlionsky (Bar Id. 205322017)

Mack-Cali Centre II

650 From Road, Suite 240

Paramus, New Jersey 07652

Phone: (201) 261-1700 Fax: (201) 549-6236

E-mail: lshlionsky@callagylaw.com

Attorneys for Plaintiff, Monmouth County Pain Management, Dr. Brian Bannister

MONMOUTH COUNTY PAIN MANAGEMENT, DR. BRIAN

BANNISTER A/S/O PATIENT PATRICIA: MONMOUTH COUNTY

W.

: SUPERIOR COURT OF NEW JERSEY

: LAW DIVISION: CIVIL PART

: DOCKET NO.:

Plaintiff,

CIVIL ACTION

٧.

COMPLAINT

CIGNA HEALTH AND LIFE INSURANCE COMPANY, and SETON HALL UNIVERSITY,

Defendants.

Monmouth County Pain Management, Dr. Brian Bannister ("Provider") on assignment of Patricia W. ("Patient" or "Principal") (collectively "Plaintiff") by way of Complaint against Cigna Health and Life Insurance Company and Seton Hall University ("Defendant(s)"), asserts:

THE PARTIES

- For all relevant times herein, Plaintiff is and was a healthcare provider in the State 1. of New Jersey whose principal place of business is 432 Ocean Blvd., Unit 201, Long Branch, NJ 07740.
- Upon information and belief, Defendants were present and engaged in significant 2. activities in the State of New Jersey to sustain this Court's exercise of in personam jurisdiction.

3. Venue and Jurisdiction is proper in the Monmouth County Superior Court because the Plaintiff resides in Monmouth County.

ANATOMY OF THE CLAIM

- 1. Upon information and belief, at all material times Principal had health insurance through her employer, Seton Hall University, which provided health insurance benefits via a group insurance contract administered by third-party Cigna Health and Life Insurance Company.
- 2. At the time of the subject surgery Principal's selected medical benefit option was the Open Access Plus Medical Benefits, OAP1. See Exhibit A.
- 3. Patient presented to the operating room of the Hudson Regional Hospital, located at 55 Meadowland Parkway, Secaucus, New Jersey 07094 on September 11, 2019, with severe radiating back and leg pain with neurologic claudication brought on by severe spinal stenosis at L3-L4, L4-L5, and L5-S1. See Exhibit B.
- 4. On September 11, 2019, Dr. Brian Bannister, medical provider with Monmouth County Pain Management, provided medically necessary and reasonable services to Patient. <u>Id</u>.
- 5. Patient underwent an L3 laminectomy, an L4 laminectomy, an L5 laminectomy and a partial S1 laminectomy on September 11, 2019. <u>Id</u>.
- 6. At the time of the subject surgical procedure, Dr. Brian Bannister, medical provider with Monmouth County Pain Management was not participating in the network of providers associated with the benefits provided by the plan. See Exhibit C.
- 7. The subject complex spinal surgery performed by the Out-of-Network provider Dr. Brian Bannister, medical provider with Monmouth County Pain Management, qualifies as a covered medical procedure pursuant to the terms of the Summary Plan Description (hereinafter "SPD"). See Exhibit D. (Page 19 of SPD).

- 8. The bill for this service, submitted to Defendant by way of health insurance claim forms (hereinafter "HICFs"), was \$200,900.00. See Exhibit E.
- 9. On April 2, 2020, Defendants allowed reimbursement for these surgical services rendered by Dr. Brian Bannister in the total amounts of \$623.88. See Exhibit C.
- 10. This represents an underpayment of approximately \$26,585.82, considering applicable pay rates.
- 11. The Plan's SPD allows for reimbursement to out-of-network providers such as Dr. Brian Bannister of Monmouth County Pain Management pursuant to the Maximum Reimbursable Charge. See Exhibit D.
 - 12. The SPD defines the Maximum Reimbursable Charge as:

The Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or

A policyholder selected percentage of a schedule developed by the Insurance Company that is based upon the methodology similar to the methodology utilized by Medicare to determine the allowable fee for the same or similar services within the geographic market. (The Insurance Company may apply a rate higher than the Medicare allowable rate.)

A Medicare based schedule will not be used in determining the Maximum Reimbursable charge for:

- Charges made by providers not participating in Medicare or that do not submit their Medicare ID with the claim;
- Covered Services which Medicare has not established a rate; and
- The following Covered Services until such time as the Insurance Company has implemented a Medicare-based schedule for them: certain ambulance services, treatment of end state renal disease, Home Health Care, Skilled Nursing Facility, and inpatient rehabilitation.

In these situations:

- The Maximum Reimbursable Charge is determined based on the lesser of:
 - The provider's normal charge for a similar service or supply; or
 - The 80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Insurance Company.

See Exhibit D (SPD at page 16).

- 13. The medical provider, Dr. Brian Bannister, of Monmouth County Pain Management did not submit a Medicare ID with the claim associated with the instant surgical procedure. See Exhibit E.
- 14. Because this claim was not submitted to Medicare or with any Medicare ID, the applicable pay rate for this claim is the "80th percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by the Insurance Company." See Exhibit C.
- 15. Plaintiff disputes the calculation Defendant used to establish the allowed reimbursement for CPT codes 63048 (3 times), 63047 and 76000, wherein Defendant reimbursed Plaintiff \$75.50 (3 times) and \$397.38 and \$0, respectively, far below the Plan's reimbursement rate. See Exhibit C and Exhibit D at Page 16.
 - 16. Plaintiff appealed Defendant's determination on multiple occasions.
- 17. In fact, pursuant to Defendant's correspondence of June 12, 2020, plaintiff has exhausted the appeals process. See **Exhibit F**.
 - 18. Thus, Plaintiff has exhausted all administrative remedies.

- 19. Dr. Brian Bannister of Monmouth County Pain Management, proceeding on an Assignment of Benefits from Patient, brought suit.
- 20. Accordingly, Plaintiff brings this action for the recovery of the balance of benefits due to Principal under the Plan for the treatment rendered to him by Dr. Brian Bannister.

FIRST CAUSE OF ACTION (Breach of Contract)

- 1. Plaintiff repeats and restates the allegations in the preceding paragraphs of the Complaint as if fully set forth at length herein.
- 2. As a result of the foregoing, Defendants provide health insurance benefits to the insured Patient and through their actions breached the contract with the Patient.
- 3. As a result of Defendants actions, Plaintiff has been damaged in an amount of \$26,585.82 for date of service September 11, 2019, cost of suit, attorneys' fees, plus interest, thereon and any other relief as the Court deems just and equitable under the circumstances.

SECOND CAUSE OF ACTION

(Unjust Enrichment)

- 4. Plaintiff repeats and restates the allegations in the preceding paragraphs of the Complaint as if fully set forth at length herein.
 - 5. Defendant was unjustly enriched at the expense of the Plaintiff.
- 6. Plaintiff provided services to Patient, the Defendants insured, and the Plaintiff was underpaid pursuant to the health benefit plan.

- 7. As a direct and proximate result of the Defendant's actions and unjust enrichment, Plaintiff has suffered, and will continue to suffer, substantial monetary damages.
- 8. As a result of Defendants actions, Plaintiff has been damaged in an amount of \$26,585.82 for date of service September 11, 2019, cost of suit, attorneys' fees, plus interest, thereon and any other relief as the Court deems just and equitable under the circumstances.

THIRD CAUSE OF ACTION (Promissory Estoppel)

- 9. Plaintiff repeats and restates the allegations in the preceding paragraphs of the Complaint as if fully set forth at length herein.
- 10. Defendant made representations to Plaintiff concerning payment in accordance with the health benefit plan or Summary Plan Description ("SPD").
 - 11. Defendant failed to comply with the terms of the Summary Plan Description.
 - 12. Plaintiff reasonably relied upon the representations made by the SPD.
- 13. As a result of Defendants actions, Plaintiff has been damaged in an amount of \$26,585.82 for date of service September 11, 2019, cost of suit, attorneys' fees, plus interest, thereon and any other relief as the Court deems just and equitable under the circumstances.

FOURTH CAUSE OF ACTION (Breach of Duty of Good Faith and Fair Dealing)

- 14. Plaintiff repeats and restates the allegations in the preceding paragraphs of the Complaint as if fully set forth at length herein.
- 15. Defendants owed Plaintiff an obligation to act in good faith and deal fairly with him regarding the terms of the SPD.

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16. By engaging in the misconduct alleged herein, Defendants breached their duty of

good faith and fair dealing, which has damaged and continues to damage Plaintiff.

17. As a result of Defendants actions, Plaintiff has been damaged in an amount of

\$26,585.82 for date of service September 11, 2019, cost of suit, attorneys' fees, plus interest, thereon

and any other relief as the Court deems just and equitable under the circumstances.

WHEREFORE, Plaintiff demands judgment against Defendants, as follows:

a. For an Order directing Defendant to pay to Plaintiff \$26,585.82 for date of

service (DOS);

b. For compensatory damages and interest;

c. For attorney's fees and costs of suit, if allowed by the Agreement; and

d. For such other and further relief as the court may deem just and equitable.

[Signature block continued on next page.]

Dated: July 29, 2022

Respectfully submitted,

CALLAGY LAW, PC

Lori B. Shlionsky (Bar Id. 205322017)

650 From Road, Suite 240 Paramus, New Jersey 07652 Telephone: (201) 261-1700

Facsimile: (201) 549-6237

E-mail: lshlionsky@callagylaw.com

Attorney for Plaintiff

TRIAL COUNSEL DESIGNATION

Lori B. Shlionsky, Esq., is hereby designated as Trial Counsel in the above matter.

R. 4:5-1(b)(2) CERTIFICATION

Pursuant to R. 4:5-1(b)(2), I hereby certify that the matter in controversy is not the subject of any other action pending in any court, is not the subject of a pending arbitration proceeding and is not the subject of any other contemplated action or arbitration proceeding, except as may be set forth below:

None.

I further certify that I know of no non-parties who should be joined in the action pursuant to R. 4:28, or who may be subject to joinder pursuant to R. 4:29-1(b) because of potential liability to any party on the basis of the same transactional facts, except as may be set forth below:

None.

Respectfully submitted,

CALLAGY LAW, PC

Lori B. Shlionsky (Bar Id. 205322017)

650 From Road, Suite 240 Paramus, New Jersey 07652 Telephone: (201) 261-1700

Telephone: (201) 261-1700 Facsimile: (201) 549-6237

E-mail: lshlionsky@callagylaw.com

Attorney for Plaintiff

A True Cop Attest:

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Network provider must call the toll-free number listed below to pre-certify the above service

PIENT ADMISSION AND OUTPATIENT PROCEDURES:

to your plan documents for your pre-certification requirements. Failure to do so may affect

igust comply with all terms and conditions of the plan. Willful misuse of this card is consider

may be asked to present this card when you receive care. The card does not guarantee on

D**A**

P.O. Box 182223, Chattanooga, TN 37422-7223

MEDICAL RECORD STATUS: UNSIGNED

Progress Notes

NOTE DATED: 09/11/2019 12:34 LOCAL TITLE: OR: OPERATIVE REPORT

VISIT: 09/11/2019 08:33 SAMEDAY SURGERY M



OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Lumbar spinal stenosis.

POSTOPERATIVE DIAGNOSIS: Lumbar spinal stenosis.

PROCEDURES PERFORMED: L3 laminectomy, L4 laminectomy, L5 laminectomy, S1 partial laminectomy.

SURGEON: Joshua Rovner, MD

SURGICAL ASSISTANT: Brian Bannister, MD

ANESTHESIA: General endotracheal.

POSITION: Prone.

COMPLICATIONS: None.

CONDITION: Stable to PACU.

PREOPERATIVE INDICATIONS: Ms. Williams is a 63-year-old female with severe radiating back and leg?pain with neurogenic claudication. She was found to have spinal stenosis at L3-4, L4-5 and L5-S1. She failed an extensive course of nonsurgical treatment and was indicated for the above procedure, which was deemed to be medically necessary. Risks, benefits, and alternatives of the procedure were discussed with this patient at length. Risks included, but not limited to, bleeding, infection, wound dehiscence, nerve?damage, vascular? damage, anesthesia?complications, continued pain, paralysis and death. The patient understood the risks, benefits and alternatives, and agreed to undergo

DESCRIPTION OF THE PROCEDURE: On the date of surgery, the patient was seen and examined in the preop holding area. Risks, benefits, and alternatives were again discussed and consent was signed and witnessed. All questions were answered. No?guarantees were given. The patient was subsequently brought into the operating room and placed supine on the stretcher. General endotracheal anesthesia was induced and begun without difficulty. IV antibiotics were given prior to incision. Next,?the?patient was placed prone on a Wilson frame. Eyes were protected. Arms?were protected. All bony prominences were carefully padded. Low back was prepped and draped in a usual sterile fashion. Next, an incision was made from L3-4 to L5-S1. Careful dissection was made down to the lumbar fascia which was split in line with the incision. Subperiosteal dissection was made from L3 through S1 and deep? retractors were placed. Next, Leksell rongeurs as well as high-speed burrs and Kerrison rongeurs were used to create a central laminectomy of L3.

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD
STATUS: UNSIGNED
Progress Notes

09/11/2019 12:34 ** CONTINUED FROM PREVIOUS PAGE **

Bilateral?subarticular decompressions were done also using a Kerrison rongeur removing the ligamentum flavum and decompressing bilateral nerve roots. Next,? the?exact?same procedure was done at L4, the exact same procedure was done at L5 and the cranial portion of S1 was taken in a way of partial laminectomy of S1. Central?decompression and bilateral subarticular and foraminal decompressions were done at all three levels L3-4, L4-5 and L5-S1. The dura was completely decompressed at this procedure. There was no evidence of dural tear or complications. There was no significant bleeding. A deep medium Hemovac drain was placed and 1 gm of vancomycin powder was placed in deep using interrupted Vicryl sutures and adipose as well as skin was closed multilayered fashion. The drain was placed to suction. Dermabond, Steristips and clean dry sterile dressing were placed. The?patient was placed supine and awoken from general endotracheal anesthesia in stable condition having tolerated the procedure well.

Postoperative plan will be for gentle activities as tolerated, pain control, early?mobilization and close followup.

Joshua Kovne MD

PTC/84 JOB: 0911-061

DDT: 09/11/2019 12:34 TDT: 09/12/2019 05:09

DRAFT COPY -- DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY -- DRAFT COPY

Case 3:22 CV 05443 GC DEAny Document 1-1 Filed 09/07/22 Page 17 of 91 PageID: 25

P.O. BOX 182223 CHATTANOOGA TN 37422-7223

Cigna Health and Life Insurance Company

SETON HALL UNIVERSITY

LONG BRANCH NJ

Dr. Bannister (Asst.)



04/02/2020

Payloc

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How to Contact Us

- [4] Mail to the return address in upper left corner of this page
 - Phone: (800) 244-6224

Provider Explanation of Medical Payment

Understanding this Benefits Statement

MONMOUTH CNTY PAIN MGMT 432 OCEAN BLVD UNIT 201

This page provides a summary of the payments made this period.

The accompanying pages give more detail on the claims we processed for this period. Please review both the front and back of each page to see how the benefit amounts in the Provider Explanation of Medical Payment Report were determined.

In the event a claim is denied.....

Rights of Review and Appeal - For Physician or Health Care Provider

07740-5681

If you have questions or disagree with the payment identified on this Explanation of Medical Payment Report, you may ask to have it reviewed. If you have a contractual agreement with Cigna HealthCare, please refer to the procedural guidelines associated with your Cigna HealthCare contract, or call our office for assistance.

Federal Rights of Review and Appeal - For Employee

· Call Member Services at the toll free number on this Explanation of Benefits (EOB) or your ID card if you have questions regarding

this EOB.

If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to the address listed in your plan materials within 180 days of receipt of this EOB (unless a longer time is permitted by state law or your plan).

Send a copy of this EOB along with any relevant additional information (e.g. benefit documents, clinical records) which helps to demonstrate that your claim is covered under the plan. Contact Member Services if you need further instructions on how and where to send your request for review.

Be sure to include your 1) Name, 2) Operation Location/Group Number, 3) Employee/Patient ID number, 4) Name of the patient and relationship, and 5) "Attention: Appeals Unit" on all supporting documents.

You are entitled to receive free upon request access to, and copies of, all documents, records and other information relevant to your claim for benefits.

your claim for benefits.

You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you also have the right to bring legal action under section 502(a) of ERISA following our review.

Payment Summary

Check Number: 00397878477 Check Amount: \$623.88 Check Date: G2434D 07-21-2017 PROCLAIM Medical Provider EOP 04/02/2020



SIX HUNDRED THENTY THREE DOLLARS AND 88 CENTS

07740-5681

Cigna Health and Life Insurance Company

SETON HALL UNIVERSITY

Detach on Perforation Below - Please Cash Promptly

00397878477 73-27/421

DATE Provider # 04/02/2020:464029458

Dollars 3 XXXXXXXX623.88

Void If Not Cashed Within 180 Days

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK, HOLD AT AN ANGLE TO VIEW

FIFTH THIRD BANK

NORTHERN, KENTUCKY

Order

of

G2434D 07-21-2017, PROCLAIM Medical Provider EDP

Pay MONMOUTH CNTY PAIN MGMT

to the 432 DCEAN BLVD # 201 LONG BRANCH NJ

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Provider Explanation of Medical Payment Report

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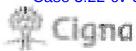
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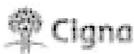
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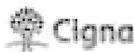




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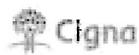
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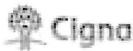
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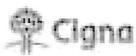
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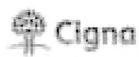
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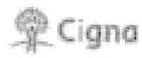
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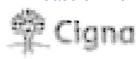
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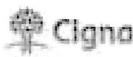
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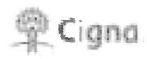
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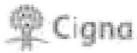
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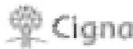
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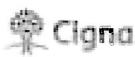
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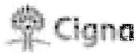
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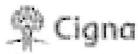
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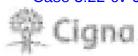
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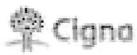


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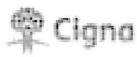
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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CIGNA PO BOX 182223

CHATTANOOGA TN 37422

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pelow.	nd i authorize the release of the party who accepts assignment	services described below.		
SIGNATURE ON FILE	SIGNATURE ON FILE			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGN.	NCY (LMP) 15. OTHER DATE MM DD YY	18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SO	(abaci	rnom TO		
	17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY		
18, ADDITIONAL CLAIM INFORMATION (Designated by	NUCC)	20, OUTSIDE LAB? .S CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	YES X NO			
A 1M48061 B. 1M5416		22. RESUBMISSION CODE ORIGINAL REF. NO.		
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31. SIGNATURE OF PHYSICIAN OR SUBBLIED	23047 X YES NO 32. SERVICE FACILITY LOCATION INFORMATION	\$ 200900 00 s 623 88		
(I certify that the statements on the covere		33. BILLING PROVIDER INFO & PH# (732) 4932040 Monmouth County Pain Management		
apply to this bill and are made a part thereof.)	HUDSON REGINAL HOSPITAL 55 MEADOWLAND PKWY	432 OCEAN BLVD UNIT 201		
BRIAN A BANNISTER, MD SECAUCUS NJ 070942305		LONG BRANCH NJ 077405681		
SIGNED 05 21 20 NUCC Instruction Manual available at: www.	a.	a. b.		
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Cigna Appeals PO Box 188011 Chattanooga, TN 37422



June 12, 2020

Monmouth County Pain Management Attn: Purvi Joshi 432 Ocean Blvd. Unit 201 Long Branch NJ 07740



Dear Monmouth County Pain Management,

Your request for a Single Level Provider Payment Appeal for the service referenced above has been completed. After reviewing your request, we have decided to uphold the original decision.

We use a methodology similar to Medicare to determine reimbursement for the same or a similar service within a geographic market. Because we don't have any information that supports a reason to pay more than the Maximum Reimbursable Charge, we won't pay anything more towards this claim.

Additionally, your request for a copy of the benefit plan and all records relevant to the claim determination has been forwarded to the appropriate area for review and response.

This is the final internal level of appeal.

If you are not satisfied with this decision, you may be eligible to seek resolution through a state-contracted arbitration organization (AO), under the provisions of the New Jersey Health Claims Authorization, Processing and Payment Act (HCAPPA). This process is

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called the New Jersey Program for Independent Claims Payment Arbitration (PICPA), and the state-contracted arbiter is MAXIMUS, Inc.

To request a PICPA review, you must complete a MAXIMUS application accessible online at www.nipicpa.maximus.com, and submit the application, together with required review and arbitration fees.

If you wish to submit applications by mail, use the contact information provided on the MAXIMUS website at www.njpicpa.maximus.com. Supporting documentation may be submitted online, faxed or mailed using the case number generated through the online submission process. Fees must be submitted by mail at this time and must also include the case number. An application for arbitration will not be considered until the required application fees are received.

If you have any questions, please feel free to call Cigna at 1-800-882-4462. A representative will be happy to assist you.

Sincerely,

Vonda S. Appeals Processor

Civil Case Information Statement

Case Details: MONMOUTH | Civil Part Docket# L-002063-22

Case Caption: MONMOUTH COUNTY PAIN MANAGEME

VS CIGNA HEALTH A

Case Initiation Date: 07/29/2022
Attorney Name: LORI B SHLIONSKY

Firm Name: CALLAGY LAW
Address: 650 FROM RD STE 565

PARAMUS NJ 07652 Phone: 2012611700

Name of Party: PLAINTIFF: MONMOUTH COUNTY PAIN

MANAGEMEN

Name of Defendant's Primary Insurance Company

(if known): Unknown

Case Type: CONTRACT/COMMERCIAL TRANSACTION

Document Type: Complaint

Jury Demand: NONE

Is this a professional malpractice case? NO

Related cases pending: NO If yes, list docket numbers:

Do you anticipate adding any parties (arising out of same

transaction or occurrence)? NO

Does this case involve claims related to COVID-19? NO

Are sexual abuse claims alleged by: MONMOUTH COUNTY PAIN

MANAGEMEN? NO

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

Do parties have a current, past, or recurrent relationship? NO

If yes, is that relationship:

Does the statute governing this case provide for payment of fees by the losing party? NO

Use this space to alert the court to any special case characteristics that may warrant individual management or accelerated disposition:

Do you or your client need any disability accommodations? NO If yes, please identify the requested accommodation:

Will an interpreter be needed? NO If yes, for what language:

Please check off each applicable category: Putative Class Action? NO Title 59? NO Consumer Fraud? NO

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule* 1:38-7(b)

07/29/2022 Dated /s/ LORI B SHLIONSKY Signed